

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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48						
49						
50						
TOTAL IND.	/					
TOTAL DEP.	16	↔	↔	↔		
TOTAL CLAIMS	17	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔			
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS